

Medical Direction Committee Minutes
Hilton Hotel, Glen Allen
January 12, 2006
10:30 AM

Members Present:	Members Absent:	Staff:	Others:
Kimberly Mitchell, M.D.	Norman Rexrode, M.D.	Warren Short	David Cullen
Sabina Braithwaite, M.D.	Cheryl Haas, M.D.	Chad Blosser	Dennis Page'
James Dudley, M.D.	Kenneth Palys, M.D.	Tom Nevetral	Tim Sheppard
Stewart Martin, M.D.	George Lindbeck, M.D.	Michael Berg	Keltcie Delamar
Bethany Cummings, D.O.	David Lander, M.D.		Greg Neiman
William Hauda, M.D.	John Potter, M.D.		Deborah T. Akers
Peter Bruzzo, M.D.	Drew Garvie, M.D.		Heidi Hooker
Asher Brand, M.D.	Mark Franke, MD.		
Carol Gilbert, M.D.	Cheryl Lawson, M.D.		
Dave Garth, M.D.	Barry Knapp, M.D.		
Ace Ernst, M.D.	Janet Henderson, M.D.		
Theresa Guins, M.D.			
Scott Weir, M.D.			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
1. WELCOME	Kim Mitchell, M.D. called the meeting to order at 10:35 A.M.	
2. INTRODUCTIONS	All of the attendees were asked to please introduce themselves.	
3. APPROVAL OF MINUTES	The minutes from the October 19, 2005 meeting were approved.	Minutes Approved
	John Rawls, M.D. recent passing was remembered by all with a moment of silence in recognition of his commitment and work on the Medical Direction Committee, ODEMSA and his EMS agency.	Motion by Carol Gilbert, M.D. to have a Resolution in Dr. Rawls behalf put before the Governor's Advisory Board at their next meeting. Seconded by Bethany Cummings, D.O. Motion... passed.
4. NEW BUSINESS		
a. Scope of Practice Discussion	Mr. William (Bill) Brown, Executive Director of the NREMTs was on-hand to answer questions concerning the NREMT phase out of the National Intermediate level as outlined in the <i>Emergency Medical Services National Scope of Practice Final Draft 4.0</i> . Mr. Brown gave some background from 1990 – 2000 as follows: <ul style="list-style-type: none"> • 1991 – 1994 EMT-Basic curriculum re-write • 1994 Practice Blue Print defines what ALS and BLS providers are • 1995 First Responder Committee reviewed the curriculum and the Intermediate '99 curriculum was written 	

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	<ul style="list-style-type: none"> • Then came the National Scope of Practice comment sessions with a move towards a product better understandable for the public. It was stated that the Scope of Practice delineates a level scope of skills. It was noted that educators should utilize the Task Analysis to gauge what needs to be taught. It was stated that the Intermediate level (I' 85 or I '99) were inconsistent levels when compared with the EMT-B and EMT-P levels and there were only 1, 900 Intermediate tests administered annually by the NREMTs. As of January 2006 there are 1, 889 Intermediates in Virginia with an additional 1,143 Cardiac Technicians that have not transitioned over to Intermediate '99. It was noted that the following time line was mentioned: <ul style="list-style-type: none"> • 2006 (May) The National Educational Standards Committee to meet • 2008 Educational Standards to be published • 2010 EMS Education Agenda for the Future to be re-released • 2012 NREMT to cease testing for the national level for Intermediates <p>Mr. Brown noted that a possible solution could be to allow Intermediates over a three to four year period to take on-line (web based) didactic material only, to transition over to paramedic. Another possible solution was to allow Intermediate '99 to be grandfathered with no new Intermediate '99 certified after that deadline date.</p> <p>It was noted that the continuing education (CE) requirement for paramedic would remain at seventy-two hours. NREMT does not recommend any additional clinical or psychomotor hours to move the Intermediate '99 to the paramedic level.</p> <p>Stewart Martin, M.D. stated that intubation was an important skill and it was omitted from the EMT-Advanced level in the National model. Dennis Page' asked why would the EMT-Advanced designation with added skills work better than Intermediate '99? It was reported that the Intermediate designation is confusing to the public.</p>	
b. Proposed Regulatory Changes for CE	Warren Short advised that to pursue the web based continuing education (CE) project would require a regulation change to the Category 1 definition. Presently the regulation requires that "a qualified instructor is present and available to respond to students..."	Motion by James Dudley, M.D. to allow the issuance of Category 1 CE credit when approved by the Virginia Office of EMS. Seconded by William Hauda, M.D...Motion passed (one "opposed" vote).
c. Regional OMD Contracts	Stewart Martin, M.D. advised the OMDs that they may want to review their regional OMD contract language that addresses the Regional OMD who will assume the agency OMD's responsibilities when (s)he resigns until the time the agency OMD can be replaced. A recent issue arose when the regional OMD was required to assume the agency OMD's role with a commercial agency in such a situation. The regional OMD should not be required to assume the agency OMD responsibilities with a commercial agency that is not transporting emergency patients.	

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5. OLD BUSINESS		
a. Statewide WMD Nerve Agent Protocol	There was discussion on the Tidewater WMD Protocol which was being reviewed to be adopted as the statewide WMD protocol. Some recommended changes and interpretations were submitted to be reviewed for the TEMS WMD protocols.	Motion by Stewart Martin, M.D. to accept the TEMS WMD protocols with the recommended changes and interpretations, upon approval of the updated draft document. Motion seconded by Sabina Braithwaite, M.D...Motion passed.
b. AHA/VDH Stroke Systems	<p>Tom Nevetral reported that he and Kim Mitchell, M.D. attended the Stroke System Plan Leadership Team Meeting held in Richmond on December 8th. This was a work group format where specific components/goals of the stroke plan were prioritized. January 12th the Office began the EMSAT shoot on stroke which will be presented in February. Sabina Braithwaite presented some stroke statistics that were derived from the Prehospital Patient Care Reports (PPCR).</p> <p>The protocols for the majority of the EMS regions were reviewed and most of the regions utilize the Cincinnati Stroke Scale. It was advised that the Office was preparing a paperless PPCR and a stroke scale needed to be identified so that the criteria could be included in the new patient care report.</p>	Motion by Sabina Braithwaite to adopt the Cincinnati Stroke Scale as the scale for pre-hospital use. Seconded by Stewart Martin, M.D...Motion passed.
c. Liability Legislation for EMS Physicians	It is the consensus of the committee of the need to have legislation introduced before the General Assembly to minimize the liability of EMS Physicians. Peter Bruzzo, M.D. wants to see a change in “qualified immunity” versus “sovereign immunity”, particularly not just “acts under the OMD’s supervision” but “acts for specific actions”. James Dudley, M.D. advised that VACEP’s mission is to establish liability legislation and he could champion the movement before VACEP. William Hauda, M.D. advised that he could research model legislation.	
d. OMD Regulatory Review	The Office had asked some of the physicians to serve on a work group to review OMD regulations. Physicians at the work group meeting were James Dudley, William Hauda and Carol Gilbert. The work is progressing and the group will review the remaining regulations and respond via e-mail with suggestions for change.	
6. ALS TRAINING FUNDS UPDATE	Chad Blosser gave a brief overview of the monies distributed to date (see included report).	
7. ACCREDITATION UPDATE	Chad reported that the Lord Fairfax Community College in conjunction with the EMS council had been granted a conditional status for an Intermediate program. It was also noted that the Office had received an Intermediate self study from the first volunteer rescue squad and it will be submitted to a site team for review. He also submitted a list of the academic institutions that had obtained Full State Accreditation.	

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8. VCCS Curriculum Update	Holly Frost gave an update as a VCCS committee member who worked on the project. It was stated that the proposal for the program code changes had gone through the VCCS administrative offices and had been submitted to the community colleges for the Fall 2006 session.	
9. BLS FUNDING	Warren Short advised that the Office was working to have the BLS funding work very similarly to the way that the ALS Training Funds are managed.	
10. EMS INSTRUCTOR UPDATES	Warren advised that this is the Office's heavy year for EMS Instructor Updates with one scheduled in each region. It had been requested that the Update in Norfolk held during the symposium be held at a different time so that Tidewater providers could utilize that time to attend EMS Symposium classes. Therefore the Office will hold the Tidewater Update during the VAVRS Convention in September. The Office will still conduct an Update at the EMS Symposium to evaluate if the attendance outside the area is enough to continue the EMS Instructor Update at the EMS Symposium.	
11. OFFICE STAFF UPDATE	Warren Short advised that the BLS Training Specialist position has been offered to a qualified applicant and the Office is awaiting the results of the background investigation prior to announcing the candidate's name. The two new positions for Certification Test Coordinator and the Training Fund Assistant should be filled by summer.	
12. NREMT COMPUTER BASED TESTING (CBT) UPDATE	Tom Nevetral advised that there are concerns with the number of seats that are available at the various Pearson Vue testing locations for the NREMT computer based testing that will begin January 1, 2007. It has been advised that the Pearson Vue test sites will have evening and weekend hours available and we will have to see how this issue progresses. It was suggested that Community Colleges could be set up to be testing sites for NREMT CBT. The Office has not been made aware of this and will investigate with NREMT to determine if this is possible. The Office requested the NREMT to consider placement of a testing location in the Harrisonburg area of the state and no word has been received on the request.	
13. CURRICULUM REVIEW COMMITTEES	Tom Nevetral reported that the ALS Curriculum Peer Review Committee had been identified and was waiting to have their first meeting. Warren Short advised that the BLS Curriculum Review Peer Committee was identifying representatives from the EMS councils to serve on the committee.	
14. GOOD OF THE ORDER	Discussion involved the adoption of the four levels of EMS providers as defined by the National Scope of Practice 4.0 document. It was determined that an impact study needed to be conducted before acting on this issue. Carol Gilbert, M.D. offered to chair the sub-committee and it was suggested that Asher Brand, M.D., Scott Weir, M.D., Peter Bruzzo, M.D. and Warren Short serve on the sub-committee. The Governor's Advisory Board welcomed the two new at-large committee members; Theresa Guins,	Sabina Braithwaite, M.D. made a motion to establish a sub-committee to study the impact the National Scope of Practice 4.0 document that outlines the four levels of EMS providers may have

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	M.D. and Scott Weir, M.D.	on the Virginia EMS system. Seconded by Dave Garth, M.D...Motion passed.
	Theresa Guins, M.D. requested the support of the Medical Direction Committee to endorse the concept that “EMS providers should be mandated to report suspected child abuse”. This request was made due to the efforts to garner support for legislation to be introduced to mandate the reporting of suspected child abuse, much like is required for the mandated reporting of elderly abuse.	Motion by Theresa Guins. M.D. to endorse the concept that EMS providers should be mandated to report suspected child abuse. Seconded by Carol Gilbert, M.D...Motion passed.
PUBLIC COMMENT	Debbie Akers expressed concerns with the four levels presented in the National Scope of Practice 4.0 document and the impact that it will have on volunteer providers. She encouraged the sub-committee to take their time while conducting the impact that these four levels may have on the Virginia EMS system.	
Adjournment	NEXT MEETING April 13, 2006 10:30 A.M. (Location to be announced)	